

U.S. SECURITIES AND EXCHANGE COMMISISON
Washington, D.C. 20549

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number 3235-0076
Expires April 30, 2008
SEC USE ONLY
Prefix Serial
DATE RECEIVED

| Name of Offering ( check if this is an amendment and name has ch   | anged, and indicate change.)                             |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505  Type of Filing: ☑ New Filing □ Amendment     | ☑ Rule 506 □ Section 4(6) □ ULOE                         |   |  |  |  |  |  |
|  | IFICATION DATA   |   |  |  |  |  |  |
| Enter the information requested about the issuer   | HIPCATION DATA   | (919 11116 H9H <b>61</b> 14 4 <b>19</b> 1 |  |  |  |  |  |
| Name of Issuer ( $\square$ check if this is an amendment and name has chang                                  | ed and indicate change                                   |   |  |  |  |  |  |
| •  | ed, and indicate change.)                                |   |  |  |  |  |  |
| Golden Predator Mines Inc.   | State Zin Code) Telephone Number                         | ray                                       |  |  |  |  |  |
| Address of Executive Offices (Number and Street, City  |  | 210                                       |  |  |  |  |  |
| Suite 1401, 701 West Georgia Street, Vancouver, British Columbia   |  |   |  |  |  |  |  |
| Address of Principal Business Operations (Number and Street, City  | , State, Zip Code) Telephone Number (Including Area Code | =)  |  |  |  |  |  |
| (if different from Executive Offices)  | PROCESSED  |   |  |  |  |  |  |
| Diff Description of Business   | - PHOCEOGLU  |   |  |  |  |  |  |
| Brief Description of Business  | (200.00  |   |  |  |  |  |  |
| Minoral Evaloration Company  | / OCT 2 9 2007   |   |  |  |  |  |  |
| Mineral Exploration Company  | ηγ   |   |  |  |  |  |  |
| Type of Business Organization  | THOMSON  |   |  |  |  |  |  |
| ✓ corporation □ limited partnership.   | already formed other (please specify)                    |   |  |  |  |  |  |
| □ business trust □ limited partnership.  |  |   |  |  |  |  |  |
| U Dusiness trust   | Month Year   |   |  |  |  |  |  |
| Actual or Estimated Date of Incorporation or Organization:   | 0 7 0 6 MActual DEstimated                               |   |  |  |  |  |  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: |  |   |  |  |  |  |  |
| CN for Canada, FN for other foreign jurisdiction C N   |  |   |  |  |  |  |  |
| Civilor Canada, i  | 14 for other foreign jurisdiction                        |   |  |  |  |  |  |

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice In the appropriate states will not result In a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result In a loss of an available stale exemption unless such ,. exemption is predicated on the filing of a federal notice.

| A. BASIC IDENTIFICATION DATA  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 2. Enter the information requested for the following:   |  |  |  |  |  |  |  |
| • Each promoter of the issuer, if the issuer has been organized within the past five years;   |  |  |  |  |  |  |  |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; |  |  |  |  |  |  |  |
| • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and                         |  |  |  |  |  |  |  |
| Each general and managing partner of partnership issuers.   |  |  |  |  |  |  |  |
| Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☑ Executive Officer ☑ Director □ General and/or   |  |  |  |  |  |  |  |
| Managing Partner  |  |  |  |  |  |  |  |
| Full name (Last name first, if individual)  |  |  |  |  |  |  |  |
| Sheriff, William M.   |  |  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |  |  |  |  |  |  |
| Suite 1401, 701 West Georgia Street, Vancouver, British Columbia, V7Y 1C6   |  |  |  |  |  |  |  |
| Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director □ General and/or   |  |  |  |  |  |  |  |
| Managing Partner  |  |  |  |  |  |  |  |
| Full name (Last name first, if individual)  |  |  |  |  |  |  |  |
| Harris, William   |  |  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |  |  |  |  |  |  |
| Suite 1401, 701 West Georgia Street, Vancouver, British Columbia, V7Y 1C6   |  |  |  |  |  |  |  |
| Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director □ General and/or   |  |  |  |  |  |  |  |
| Managing Partner  |  |  |  |  |  |  |  |
| Full name (Last name first, if individual)  |  |  |  |  |  |  |  |
| Watt, James G.  |  |  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |  |  |  |  |  |  |
| Suite 1401, 701 West Georgia Street, Vancouver, British Columbia, V7Y 1C6   |  |  |  |  |  |  |  |
| Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director □ General and/or   |  |  |  |  |  |  |  |
| Managing Partner  |  |  |  |  |  |  |  |
| Full name (Last name first, if individual)  |  |  |  |  |  |  |  |
| Cole, David   |  |  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |  |  |  |  |  |  |
| Suite 1401, 701 West Georgia Street, Vancouver, British Columbia, V7Y 1C6   |  |  |  |  |  |  |  |
| Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director □ General and/or   |  |  |  |  |  |  |  |
| Managing Partner  |  |  |  |  |  |  |  |
| Full name (Last name first, if individual)  |  |  |  |  |  |  |  |
| Rayment, Barry  |  |  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |  |  |  |  |  |  |
| Suite 1401, 701 West Georgia Street, Vancouver, British Columbia, V7Y 1C6   |  |  |  |  |  |  |  |
| Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☑ Executive Officer □ Director □ General and/or   |  |  |  |  |  |  |  |
| Managing Partner  |  |  |  |  |  |  |  |
| Full name (Last name first, if individual)  |  |  |  |  |  |  |  |
| Ettlinger, Art D.   |  |  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |  |  |  |  |  |  |
| Suite 1401, 701 West Georgia Street, Vancouver, British Columbia, V7Y 1C6   |  |  |  |  |  |  |  |
| Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☑ Executive Officer □ Director □ General and/or   |  |  |  |  |  |  |  |
| Managing Partner  |  |  |  |  |  |  |  |
| Full name (Last name first, if individual)  |  |  |  |  |  |  |  |
| Clayton, Sharron  |  |  |  |  |  |  |  |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

(Number and Street, City, State, Zip Code)

Suite 1401, 701 West Georgia Street, Vancouver, British Columbia, V7Y 1C6

Business or Residence Address

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

| Each general and managing partner of partnership issuers.  |
|--|
| Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☑ Executive Officer □ Director □ General and/or                    |
| Managing Partner   |
| Full name (Last name first, if individual)   |
| Lim, George  |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |
| Suite 1401, 701 West Georgia Street, Vancouver, British Columbia, V7Y 1C6  |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partner  |
| Full name (Last name first, if individual)   |
| Energy Metals Corporation  |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |
| Suite 1238, 200 Granville Street, Vancouver, British Columbia, V6C 1S4   |
| Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or  Managing Partner  |
| Full name (Last name first, if individual)   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |
| Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or   Managing Partner |
| Full name (Last name first, if individual)   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |
| Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or  Managing Partner  |
| Full name (Last name first, if individual)   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |
| Check Box(es) that Apply:   Promoter  Beneficial Owner  Executive Officer  Director  General and/or  Managing Partner      |
| Full name (Last name first, if individual)   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |
| Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or  Managing Partner  |
| Full name (Last name first, if individual)   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)  |

|                | <del> </del>                                  |              |   | B. II        | NFORMA'       | TION AB                    | OUT OFFE                              | ERING                          |                            | <del></del>               |                           |                     |               |
|----------------|---|--------------|---|--------------|---------------|----------------------------|---------------------------------------|--------------------------------|----------------------------|---------------------------|---------------------------|---------------------|---------------|
|                |   |              |   |              |               |                            |                                       |                                |                            |                           | Y                         | 'es                 | No            |
| 1. Has t       | he issuer so                                  | ld, or does  | the issuer int  | end to sell, | to non-acc    | credited inv               | estors in th                          | is offering?                   |                            |                           |                           | 0                   |               |
|                |   |              |   |              |               |                            | filing under                          |                                |                            |                           |                           |                     |               |
| 2. What        | is the mini                                   | num invest   | ment that wi  | ill be accep | ted from a    | ny individu                |                                       |                                |                            |                           | \$_                       | N/A                 |               |
|                |   |              |   |              |               |                            |                                       |                                |                            |                           | Y                         | 'es                 | No            |
| 3. Does        | the offering                                  | g permit joi | nt ownership  | of a single  | unit?         |                            |                                       |                                |                            |                           | [                         | <b></b> ✓           |               |
| remu<br>perso  | neration for<br>on or agent of<br>(5) persons | solicitation | ested for eac<br>n of purchas<br>or dealer reg<br>l are associa | sers in con- | nection with  | th sales of<br>and/or witl | securities in a state or              | in the offer<br>states, list t | ing. If a pe<br>he name of | erson to be<br>the broker | listed is a<br>or dealer. | n associ<br>If more | iated<br>than |
| Full Na        | ame (Last i                                   | name first,  | if individu   | al)          |               |                            |                                       |                                |                            |                           |                           |                     |               |
| N/A            |   | . <u> </u>   |   |              |               |                            |                                       |                                |                            |                           |                           |                     |               |
| Busine         | ss or Resid                                   | lence Add    | ress (Numb  | er and Str   | eet, City,    | State, Zip                 | Code)                                 |                                |                            |                           |                           |                     |               |
| Name o         | of Associated                                 | d Broker or  | Dealer  |              |               |                            |                                       |                                |                            |                           | •                         |                     |               |
| States i       | n Which Per                                   | rson Listed  | Has Solicite  | ed or Intend | s to Solicit  | Purchaser                  | s                                     |                                |                            |                           |                           |                     |               |
|                |   |              | heck individ  |              |               |                            |                                       |                                |                            | E                         | All State                 | es                  |               |
| [AL]           | [AK]  | [AZ]         | [AR]  | [CA]         | [CO]          | [CT]                       | [DE]                                  | [DC]                           | [FL]                       | [GA]                      | (HI)                      | [ ID ]              | 1             |
| [ IL ]         | [ IN ]  | [IA]         | [KS]  | [KY]         | [LA]          | [ME]                       | [MD]                                  | [MA]                           | [MI]                       | [MN]                      | [MS]                      | [MO]                | _             |
| [MT]           | [NE]  | [NV]         | [NH]  | [NJ]         | [NM]          | [NY]                       | [NC]                                  | [ND]                           | [OH]                       | [OK]                      | [OR]                      | [PA]                |               |
| [RI]           | [SC]  | [SD]         | [TN]  | [TX]         | [UT]          | [VT]                       | [VA]                                  | [WA]                           | [WV]                       | [WI]                      | [WY]                      | [PR]                |               |
| Full Na        | me (Last na                                   | me first, if | individual)   |              |               |                            |                                       |                                |                            |                           |                           |                     |               |
| Busines        | ss or Reside                                  | nce Addres   | s (Number a   | nd Street, ( | City, State,  | Zip Code)                  |                                       |                                |                            |                           |                           |                     |               |
| Name o         | of Associate                                  | d Broker or  | · Dealer  |              |               |                            |                                       |                                |                            |                           |                           |                     |               |
| Ctatas i       | - Which Do                                    | man Listad   | Has Solicite  | d on Intend  | la to Solicit | Durchager                  |                                       |                                | <del></del>                |                           |                           |                     |               |
|                |   |              | heck individ  |              |               |                            |                                       |                                |                            |                           | All State                 | ·s                  |               |
| `              |   |              |   | ŕ            |               |                            |                                       |                                |                            |                           |                           |                     | ,             |
| [AL]<br>[ IL ] | [AK]<br>[ IN ]                                | [AZ]<br>[IA] | [AR]<br>[KS]  | [CA]<br>[KY] | [CO]<br>[LA]  | [CT]<br>[ME]               | (DE)<br>[MD]                          | [DC]<br>[MA]                   | [FL]<br>[Ml]               | [GA]<br>[MN]              | [HI]<br>[MS]              | [ ID ]<br>[MO]      |               |
| [MT]           | [NE]  | [NV]         | [NH]  | [NJ]         | [NM]          | [NY]                       | [NC]                                  | [ND]                           | [OH]                       | [OK]                      | [OR]                      | [PAI                |               |
| [RI]           | [SC]  | [SD]         | [TN]  | [TX]         | [UT]          | [VT]                       | [VA]                                  | [WA]                           | [wv]                       | [wi]                      | [WY]                      | PR]                 |               |
| Full N         | ame (Last                                     | name first   | , if individu   | ual)         |               |                            |                                       |                                |                            |                           |                           |                     |               |
| Busine         | ss or Reside                                  | nce Addres   | ss (Number a  | and Street,  | City, State,  | Zip Code)                  | · · · · · · · · · · · · · · · · · · · |                                |                            |                           |                           |                     |               |
| Name o         | of Associate                                  | d Broker o   | r Dealer  | •            | <del></del>   |                            |                                       |                                | <u> </u>                   |                           | ·                         |                     |               |
|                |   |              |   |              |               |                            |                                       |                                |                            |                           |                           |                     |               |
|                |   |              | l Has Solicite<br>check individ                                 |              |               |                            |                                       |                                |                            | (                         | □ All State               | es                  |               |
| [AL]           | [AK]  | [AZ]         | [AR]  | [CA]         | [CO]          | [CT]                       | [DE]                                  | [DC]                           | [FL]                       | [GA]                      | [HI]                      | [ID]                | ]             |
| [IL]           | [ IN ]  | [ IA]        | [KS]  | [KY]         | [LA]          | [ME]                       | [MD]                                  | [MA]                           | [MI]                       | [MN]                      | [MS]                      | [MO                 | -             |
| [MT]           | [NE]  | [NV]         | [NH]  | [NJ]         | [NM]          | [NY]                       | [NC]                                  | [ND]                           | [OH]                       | [OK]                      | [OR]                      | [PAI                |               |
| [ RI ]         | [SC]  | [SD]         | [TN]  | [TX]         | [UT]          | [VT]                       | [VA]                                  | [WA]                           | [WV]                       | [WI]                      | [WY]                      | [PR]                | ļ             |

| 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |       |                       |                        |           |                          |
|---|-------|-----------------------|------------------------|-----------|--------------------------|
| Type of Security  |       | gregate<br>ring Price | Amount<br>Already Sold |           |                          |
| Debt  | \$    | 0                     |                        | \$        | 0                        |
| Equity  | \$    | 0                     |                        | \$        | 0                        |
| □ Common □ Preferred  |       |                       |                        |           |                          |
| Convertible Securities (including warrants)   | \$ 14 | 12,800                |                        | _\$_      | 142,800                  |
| Partnership Interests   | \$    | 0                     |                        | \$        | 0                        |
| Other (Specify)   | \$    | 0                     |                        | \$        | 0                        |
| Total   |       | 12,800                |                        | \$        | 142,800                  |
| Answer also in Appendix, Column 3, if filing under ULOE.  |       |                       |                        |           |                          |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."                                   |       | umber<br>vestors      |                        |           | Aggregate<br>Ilar Amount |
|   | 11,   | *C31013               |                        |           | Purchases                |
| Accredited Investors  |       | 4                     | _                      | \$        | 142,800                  |
| Non-accredited Investors  |       | 0                     |                        | \$        | 0                        |
| Total (for filings under Rule 504 only)   |       | N/A                   |                        | \$        | N/A                      |
| Answer also in Appendix, Column 4, if filing under ULOE.  |       |                       |                        |           |                          |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of Offering   |       | ype of<br>ecurity     |                        | Do        | llar Amount<br>Sold      |
| Rule 505  |       | 0                     | _                      | _\$_      | 0                        |
| Regulation A  |       | 0                     | _                      | \$        | 0                        |
| Rule 504  |       | 0                     | _                      | \$        | 0                        |
| Total   |       | 0                     |                        | \$        | 0                        |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees |       |                       | <b>I</b>               | <u>\$</u> | 100                      |
|   |       |                       |                        | \$        | 2,000                    |
| Legal Fees  |       |                       | ☑                      |           |                          |
| Accounting Fees   |       |                       |                        |           | 0                        |
| Engineering Fees  |       |                       |                        |           | 0                        |
| Sales Commissions (specify finders' fees separately)  |       |                       |                        | \$        |                          |
| Other Expenses (identify)   |       |                       |                        | \$        | 0                        |
| Total   |       |                       | $\square$              | \$        | 2,100                    |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C - Question I and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$ 140,700

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

|   | Payments to<br>Officers,<br>Directors &<br>Affiliates | Payments to<br>Others |
|---|---|-----------------------|
| Salaries and fees   | □ \$ 0  | <u> </u>              |
| Purchase of real estate   | <b>\$</b> 0   | <b>5</b> 0            |
| Purchase, rental or leasing and installation of machinery and equipment   | <b>\$</b> 0   | <b>5</b> 0            |
| Construction or leasing of plant buildings and facilities  Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | <b>\$</b> 0   | <b>S</b> 0            |
| Repayment of indebtedness   | <b>\$</b> 0   | \$ 0                  |
| Working capital   | <b>5</b> 0  | ▼ \$ 140,700          |
| Other (specify):  | <b>5</b> 0  | <b>\$</b> 0           |
|   | <b>5</b> 0  | <b>_\$</b> 0          |
| Column Totals   | □ \$ 0  | <b>₹</b> \$ 140,700   |
| Total Payments Listed (column totals added)   | <b>☑</b> _\$ 14                                       | 40,700                |

#### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)

Golden Predator Mines Inc.

Signature

Odober 18, 2007

Name of Signer (Print or Type)

**Sharron Clayton** 

Title of Signer (Print or Type)

Date

Corporate Secretary

